




26 NOV '96

Certification under 37 CFR 1.10

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with The United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10, "Express Mail" Mailing No. EM135399935US on November 26, 1996 and is addressed to The Assistant Commissioner for Patents, Washington, D.C. 20231.

Debra M. Szumowski

Name of person mailing paper


Signature of person mailing paper

DOCKET: CU-1446

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

APPLICANT: Rolf ENGSTAD et al)
SERIAL NO: 08/716,344)
FILING DATE: October 2, 1996)
TITLE: ENZYME TREATMENT OF GLUCANS)
U.S. COMPLETION OF PCT/IB95/00265 filed 18 April 1995)

The Assistant Commissioner for Patents
Washington, D.C. 20231

REQUEST FOR REFUND UNDER 37 CFR 1.28(a)

Dear Sir:

This is a request for refund being made within two months of the date of payment of the first fee paid in this application, namely the filing fee on October 2, 1996.

Enclosed is a copy of a Verified Statement Claiming Small Entity Status is being filed simultaneously herewith on behalf of the assignee, the original of which is being filed simultaneously herewith.


Please refund one-half of said fee, namely \$495 and credit the same to our Deposit Account No. 12-0400.

A duplicate copy of this request is attached.

Respectfully submitted,

11/26/96
Date

uspct/47


Attorney for Applicant

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Chicago, Illinois 60604
(312) 427-1300

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>12/31/96</u>		2 Serial/Patent # <u>08/716344</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/> Filing			\$455.00							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
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<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input checked="" type="checkbox"/> Other <u>Claims</u>			\$40.00							
		7 TOTAL AMOUNT OF REFUND	\$495.00							
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/> Overpayment		Treasury Check								
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<input type="checkbox"/> No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>2</td><td>--</td><td>0</td><td>4</td><td>0</td><td>0</td> </tr> </table>		1	2	--	0	4	0	0
1	2	--	0	4	0	0				
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Denise Reeves</u>		TITLE: <u>Para.</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-6454</u>								
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APPROVED: <u>[Signature]</u>		DATE: <u>3-8-97</u>								

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